

**BUREAU OF INDIAN STANDARDS
NEW DELHI**

PROFORMAE

FOR

RETIREMENT BENEFITS

Particulars of the Retiring Employee

DATE OF RETIREMENT :

NAME :

DESIGNATION :

EMPLOYEE NO. :

PAN No. :

PLACE OF POSTING :

BUREAU OF INDIAN STANDARDS
Particulars to be filled by the retiring employee

Sl.No.	Particulars	Details
1.	Name of the Employee	
2(a)	Father Name	
2(b)	Husband Name	
3(a)	Date of Birth	
3(b)	Date of Retirement	
4.	Two specimen signature (to be furnished in two separate sheets (duly attested) *	
5.	Two copies of Passport size joint photograph of the employee with his/her wife/husband (duly attested)	
6.	Two slips showing the particulars of height and personal identification marks (duly attested) *	
7.	Present Address (in Capital letters)	
8.	Address after retirement (in Capital Letters)	
9.	Indicate BIS Office from where monthly Pension to be drawn, i.e. HQ/RO/BO	
10	<p>Mode of drawl of pension, whether through Bank or by cheque or by Money Order. In case of Bank provide following intimation:</p> <p style="padding-left: 40px;">Name of Bank : _____</p> <p style="padding-left: 40px;">Bank Account No. : _____</p> <p style="padding-left: 40px;">Bank Branch address : _____</p> <p style="padding-left: 40px;">11 Digit IFSC Code of Bank's Branch : _____</p> <p>Note : The Account should be a joint Account with spouse. Bank certificate to be enclosed in this regard.</p>	

	As the Monthly Pension at HQ is disbursed through Syndicate Bank, the retiring employees at HQ may have their account in Syndicate Bank.	
11.	Details of family	Pl. See enclosed proforma
12.	Indicate whether family Pension is admissible from any other source (Yes/No)	

Place.....

Signature.....

Designation.....

Date.....

Deptt/Section.....

Employee No.

PAN No.

Phone No.

E-Mail

Two slips each bearing the left hand thumb and finger impressions duly attested may be furnished by a person who is not literate enough to sign his name. If such a Govt. servant on account of physical disability is unable to give left hand thumb and finger impressions, he may give the thumb and finger impressions of the right hand. Where a Government servant has lost both the hands, he may give his toe impressions. Impressions should be duly attested*. Any subsequent change of address should be notified to the Head of Office. *Documents can be got attested from any officer of the rank of Section Officer and above in BIS.

(Form of Details of family enclosed)

DETAILS OF FAMILY

Name of the Employee : -----

Designation : -----

Date of Birth : -----

Date of appointment : -----

Details of the member
of my family* as on : -----

Sl. No.	Names of the members of family	Date of Birth	Relationship with the Employee	Remarks
(1)	(2)	(3)	(4)	(5)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

I hereby undertake to keep the above particulars up-to-date by notifying to the Audit Officer/Head of Office any addition or alteration.

Place.....
Dated the

Signature of Employee

* Family for this purpose means

- (a) Wife, in the case of a male employee;
- (b) husband, in the case of a female employee;
- (c) sons below twenty five years of age and unmarried daughters below twenty five years of age, including such son or daughter adopted legally before retirement.

NOTE : Wife and Husband shall include respectively judicially separated wife and husband.

BUREAU OF INDIAN STANDARDS

Specimen signatures of

Shri _____ Designation _____

1. _____

2. _____

ATTESTED

Signature _____

Office Seal
(with name &
designation)

BUREAU OF INDIAN STANDARDS

Specimen signatures of

Shri _____ Designation _____

1. _____

2. _____

ATTESTED

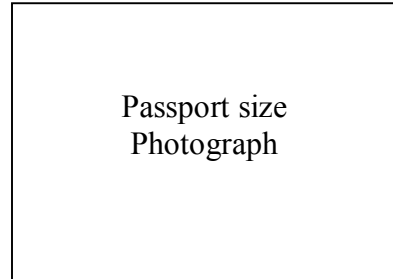
Signature _____

Office Seal
(with name &
designation)

BUREAU OF INDIAN STANDARDS

Joint photograph (passport size) of Shri/Smt. _____

Designation _____ with his/her wife/husband Shri/Smt. _____



ATTESTED

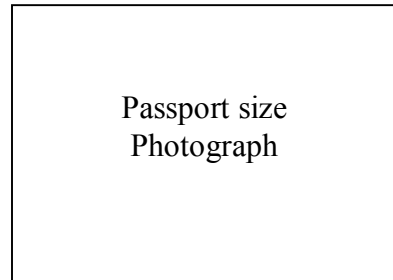
Signature _____
Office Seal
(With name & designation)

Note: Attestation to appear partly on photograph also.

BUREAU OF INDIAN STANDARDS

Joint photograph (passport size) of Shri/Smt. _____

Designation _____ with his/her wife/husband Smt. _____



ATTESTED

Signature _____
Office Seal
(With name & designation)

Note: Attestation to appear partly on photograph also.

BUREAU OF INDIAN STANDARDS

Particulars of height and personal identification marks of Shri/Smt. _____

Designation _____

1. Height : _____
2. Personal Identification Marks : 1) _____
2) _____

ATTESTED

Signature _____

Office seal
(with name & designation)

BUREAU OF INDIAN STANDARDS

Particulars of height and personal identification marks of Shri/Smt. _____

Designation _____

1. Height : _____
2. Personal Identification Marks : 1) _____
2) _____

ATTESTED

Signature _____

Office seal
(with name & designation)

**FORM OF APPLICATION FOR COMMUTATION OF
PENSION WITHOUT MEDICAL EXAMINATION**

The Director General,
Bureau of Indian Standards,
Manak Bhavan,
New Delhi

Subject: Commutation of Pension without Medical Examination

Sir,

I furnish below the relevant particulars and request that I may be permitted to commute a part of my pension as indicated below.

1. Name in Block Letters :
2. Date of Birth :
3. Date of superannuation on attaining the age of 60 years :
4. Post held at the time of Superannuation :
5. Amount of Provisional/Final pension sanctioned :
6. Class of pension : Superannuation/Retirement/Invalid
7. Amount (in whole Rupees) or percentage of pension proposed to be commuted (Maximum admissible 40% of pension).
8. Particulars of any application for commutation of pension made previously and whether appeared before any Medical Authority or not :
9. Mode of Payment :

Signature _____

Full Postal Address _____

Date: _____

BUREAU OF INDIAN STANDARDS**APPLICATION OF FINAL SETTLEMENT OF GPF OF RETIRING/DECEASED EMPLOYEES**

The Director (Accounts),
Bureau of Indian Standards,
New Delhi

Dear Sir,

I will be retiring from the service of BIS on -----

I request you to settle my GPF and transfer the amount to my Bank Account, as per my details given below:

Sl. No.	Particulars	Details
1.	Name of Beneficiary	
2.	Name of the Bank	
3.	Bank's Branch Address	
4.	Bank Account No.	
5.	11 Digit IFSC Code of Bank's Branch	

Dated : _____

Signature _____

Name _____

Department/RO/BO _____

Employee No. _____

PAN No. _____

Phone/Mobile No. -----

E-Mail -----

UNDERTAKING

Ihereby undertake that if excess payment is received by me on account of my retirement benefits such as GPF, Gratuity, Commuted value of pension and leave encashment, I shall refund such excess payment immediately.

Signature with date -----

Name & Designation -----

Department -----

Employee No. -----

Address -----

Contact No. -----

E-Mail -----

Date:

Place:

CHECK- LIST FOR PAYMENT OF RETIREMENT BENEFITS, NAMELY,
PENSION, GRATUITY, COMMUTATION AND CPF/GPF

1. Form of particulars (duly completed)
2. Application for commutation of pension without medical examination (duly completed).
3. Application for settlement of CPF/GPF A/c.
4. Undertaking (Form 7)
5. Memo of retirement containing endorsement of “Vigilance Clearance” and “No dues Certificate”.
6. Service Book and Leave Account of the employee duly completed. Leave Account should also contain a list of EOL, other than on medical grounds, availed.
